

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059084

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** LITTLE GRINGO CABANAS, LLC

**Current Principal Place of Business:**

5305 GARDEN LANE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

401 N. HOWARD AVE  
TAMPA, FL 33606

**New Mailing Address:**

5305 GARDEN LANE  
TAMPA, FL 33610

**FEI Number:** 20-4999511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOEHLER, KEITH W CPA  
401 N. HOWARD AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

NAIL, DAVID A CPA  
4933 SOUTH WESTSHOR3 BLVD  
TAMPA, FL 33611 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID A NAIL CPA

03/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMGR  
Name: MELANSON, BRUCE A  
Address: 5305 GARDEN LANE  
City-St-Zip: TAMPA, FL 33610 US

Title: MMGR  
Name: MEDLEY, JASON  
Address: 5305 GARDEN LANE  
City-St-Zip: TAMPA, FL 33610 US

Title: MMGR  
Name: JEFFERY, TROXEL S  
Address: 5305 GARDEN LANE  
City-St-Zip: TAMPA, FL 33610 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRUCE MELANSON

MMGR

03/15/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date